

# Work Order ID 63036

Monday, October 18, 2010 1:01:08 PM

Page 1

Item ID: D3575-2

per WB wkr 63039

Accept



Setup Start



Revision ID:

Item Name: Cabin Floor Protector

6

Stop



Start Date: 10/18/2010 Start Qty: 4.00



Cust Item ID:

Required Date: 10/26/2010 Req'd Qty: 4.00



Customer:

Reference:

Approvals:

Process Plan:

*[Signature]*

Date:

10-10-10

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D3575

Rev A

100

0.00



FLOW WATER JET

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg D3575 ☐ Dwg Rev: A ☐ Prog Rev: A ☐ 2-  
Deburr if necessary

10-10-20

④

110

QC2- Inspect parts off machine FAI/FAIB

0.00



QC

Memo

0.00

Quality Control

10-10-20

120

QC8- Inspect parts - second check

0.00



QC

Memo

0.00

Quality Control



6

10/24

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

**Work Order ID 63036**

Page 2

Monday, October 18, 2010 1:01:08 PM

Item ID: D3575-2

Accept



Setup Start



Revision ID:

Stop



Item Name: Cabin Floor Protector

Start Date: 10/18/2010 Start Qty: 4.00



Cust Item ID:

Required Date: 10/26/2010 Req'd Qty: 4.00



Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130



Small Fab

0.00

Small Fab

Memo

0.00

Small Fab

Deburr if necessary.

SB 10/10/22 (6)

140



QC5- Inspect part completeness to step on W/O

0.00

QC

Memo

0.00

Quality Control

SB 10/10/22 (6)

150



Identify as per dwg &amp; Stock Location: \_\_\_\_\_

0.00

Packaging

Memo

0.00

Packaging

10/10/22 SE (6)

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

**Work Order ID 63036**

Monday, October 18, 2010 1:01:08 PM



Page 3

Item ID: D3575-2

Accept



Setup Start



Revision ID:

Stop



Item Name: Cabin Floor Protector

Start Date: 10/18/2010 Start Qty: 4.00



Cust Item ID:

Required Date: 10/26/2010 Req'd Qty: 4.00



Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

10/10/22 *[Signature]*  
MF  
10-10-22

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

# Picklist Print

Monday, October 18, 2010 1:01:13 PM

Page 1

Work Order ID: 63036



Parent Item: D3575-2



Parent Item Name: Cabin Floor Protector

Start Date: 10/18/2010

Required Date: 10/26/2010

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev :A New Issue 07-01-22 EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|                     |  |           |    |  |  |     |    |           |        |          |  |  |  |
|---------------------|--|-----------|----|--|--|-----|----|-----------|--------|----------|--|--|--|
| MLEXS.125-F60029-04 |  | Purchased | No |  |  | 100 | sf | 1,865.803 | 10.666 | 44.90947 |  |  |  |
|---------------------|--|-----------|----|--|--|-----|----|-----------|--------|----------|--|--|--|



GE PLASTICS LEXAN SHEET



1810-10-20

Location

Loc Qty

Loc Code

MAT

1865.8038

115261

1865.8038

115261

(4)

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries



|   |               |                     |          |
|---|---------------|---------------------|----------|
| <b>DART AEROSPACE LTD</b>                 |               | <b>Work Order:</b>  | 63036    |
| <b>Description:</b> Cabin Floor Protector |               | <b>Part Number:</b> | D3575-12 |
| <b>Inspection Dwg:</b> D3575              | <b>Rev:</b> A | <b>Page 1 of 1</b>  |          |

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

| Drawing Dimension | Tolerance     | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|---------------|------------------|--------|--------|----------------------|----------|
| Ø3.00             | +0.006/-0.001 | 3.003            | x      |        | V B02                |          |
| 1.00              | +/-0.030      | 1.00             | x      |        | T B01                |          |
| 3.50              | +/-0.030      | 3.50             | x      |        | T                    |          |
| 16.00             | +/-0.030      | 16.00            | A      |        | T                    |          |
| 23.13             | +/-0.030      | 23.13            | x      |        | T                    |          |
| 26.88             | +/-0.030      | 26.88            | x      |        | T                    |          |
| 27.69             | +/-0.030      | 27.69            | x      |        | T                    |          |
| 4.25              | +/-0.030      | 4.25             | x      |        | T                    |          |
| 9.63              | +/-0.030      | 9.63             | x      |        | T                    |          |
| 16.13             | +/-0.030      | 16.13            | x      |        | T                    |          |
| 28.06             | +/-0.030      | 28.06            | A      |        | T                    |          |
| 32.15             | +/-0.030      | 32.15            | A      |        | T                    |          |
| 2.00              | +/-0.030      | 2.00             | x      |        | T                    |          |
| 3.50              | +/-0.030      | 3.50             | x      |        | T                    |          |
| 14.25             | +/-0.030      | 14.25            | A      |        | T                    |          |
| 25.13             | +/-0.030      | 25.13            | A      |        | T                    |          |
| 29.38             | +/-0.030      | 29.38            | x      |        | T                    |          |
| 30.13             | +/-0.030      | 30.13            | x      |        | T                    |          |
| 1.25              | +/-0.030      | 1.25             | x      |        | T                    |          |
| 3.38              | +/-0.030      | 3.38             | x      |        | T                    |          |
| 5.00              | +/-0.030      | 5.00             | A      |        | T                    |          |
| 6.50              | +/-0.030      | 6.50             | A      |        | T                    |          |
| 26.13             | +/-0.030      | 26.13            | x      |        | T                    |          |
| 31.50             | +/-0.030      | 31.50            | x      |        | T                    |          |

|                     |          |
|---------------------|----------|
| <b>Measured by:</b> | HB       |
| <b>Date:</b>        | 10-10-20 |

|                    |          |
|--------------------|----------|
| <b>Audited by:</b> |          |
| <b>Date:</b>       | 10/10/21 |

|                            |     |
|----------------------------|-----|
| <b>Prototype Approval:</b> | N/A |
| <b>Date:</b>               | N/A |

| Rev | Date     | Change    | Revised by | Approved |
|-----|----------|-----------|------------|----------|
| A   | 08.02.29 | New Issue | KJ/DD      |          |

# Dart Aerospace Ltd

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

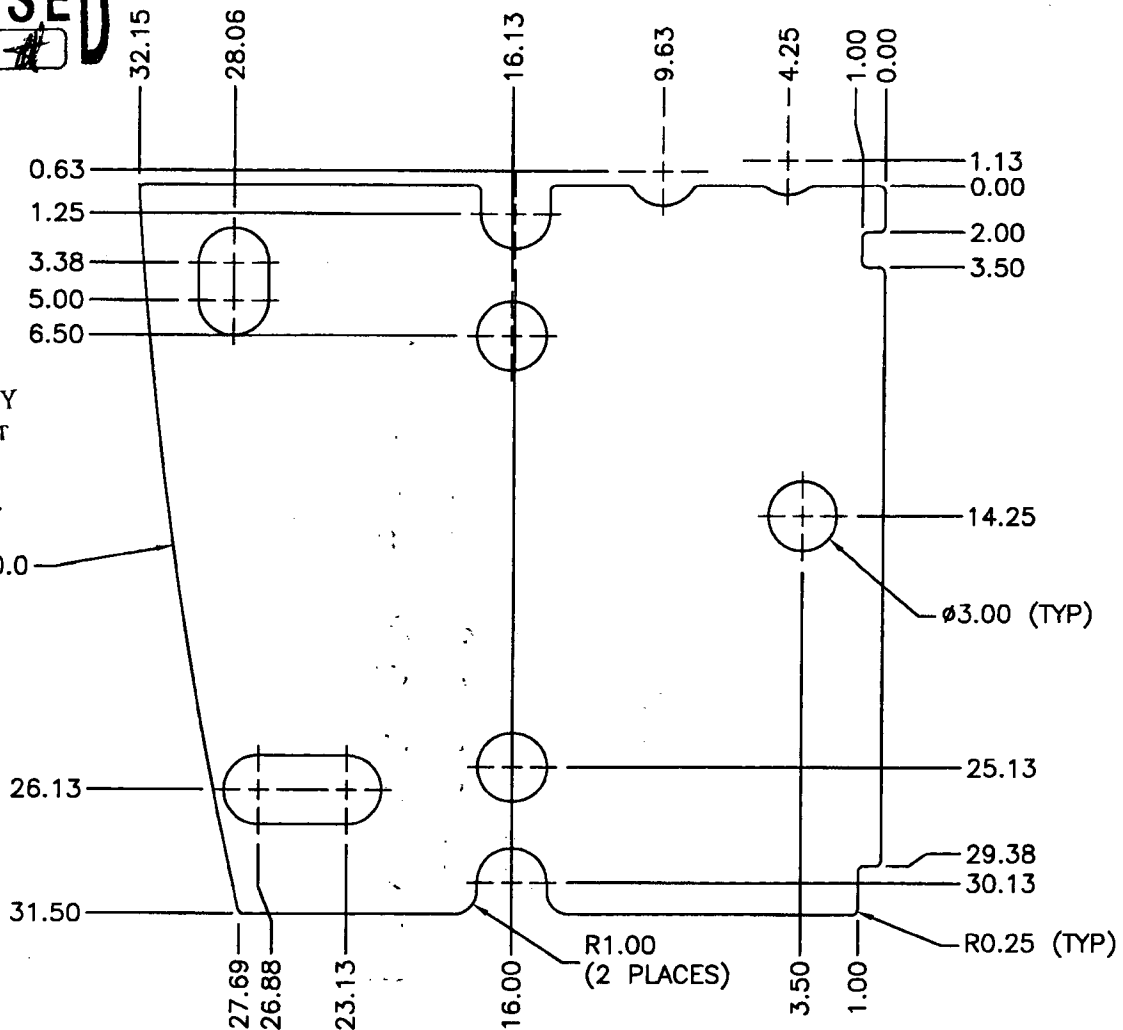
**NOTE:** Date & initial all entries

**DART**

|                      |                                |   |                        |
|----------------------|--------------------------------|---|------------------------|
| DESIGN<br><i>LE</i>  | DRAWN BY<br><i>CB</i>          | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED<br><i>LE</i> | APPROVED<br><i>[Signature]</i> | DRAWING NO.<br>D3575                              | REV. A<br>SHEET 1 OF 4 |
| DATE<br>07.06.08     |                                | TITLE<br>CABIN FLOOR PROTECTOR                    | SCALE<br>1:8           |
| A                    | 07.06.08                       | NEW ISSUE   |                        |

**RELEASED**  
*07.06.27*

SHRIMP COPY  
R. A. O.  
I. P. P. G.  
UNCONTROLLED COPY  
SUBMITTANT  
R.  
NO. *43039*  
*pl 10-16*



**D3575-1 CABIN FLOOR PROTECTOR (SHOWN)**  
**D3575-2 CABIN FLOOR PROTECTOR (OPPOSITE)**

**NOTES:**

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK, TEXTURED SIDE UP (REF DART SPEC MLEXS.125-F60029-04)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) IDENTIFY WITH DART P/N "D3575-1/-2" USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE OF PART
- 5) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED
- 6) BREAK ALL SHARP EDGES 0.005 TO 0.010 MAX
- 7) CHECK PER TEMPLATE DT8966

Copyright © 2007 by DART AEROSPACE LTD

THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

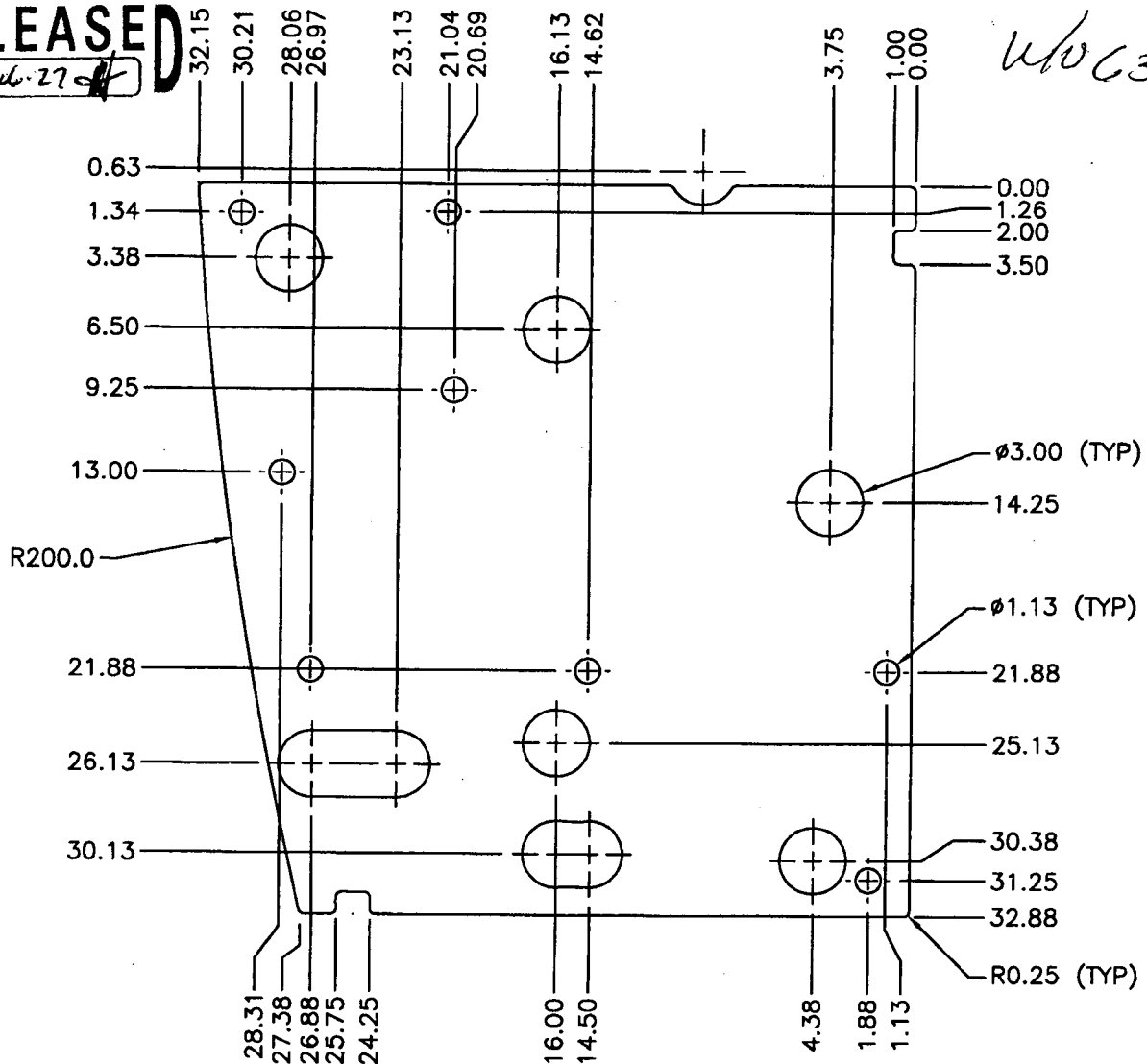
Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

**DART**

|                      |                                |   |                        |
|----------------------|--------------------------------|---|------------------------|
| DESIGN<br><i>LE</i>  | DRAWN BY<br><i>CB</i>          | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED<br><i>LE</i> | APPROVED<br><i>[Signature]</i> | DRAWING NO.<br>D3575                              | REV. A<br>SHEET 2 OF 4 |
| DATE<br>07.06.08     |                                | TITLE<br>CABIN FLOOR PROTECTOR                    | SCALE<br>1:8           |

**RELEASED**  
07.06.27 *[Signature]***D3575-3 CABIN FLOOR PROTECTOR****NOTES:**

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK, TEXTURED SIDE UP (REF DART SPEC MLEXS.125-F60029-04)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) IDENTIFY WITH DART P/N "D3575-3" USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE OF PART
- 5) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED
- 6) BREAK ALL SHARP EDGES 0.005 TO 0.010 MAX
- 7) CHECK PER TEMPLATE DT8967

**Copyright © 2007 by DART AEROSPACE LTD**

THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

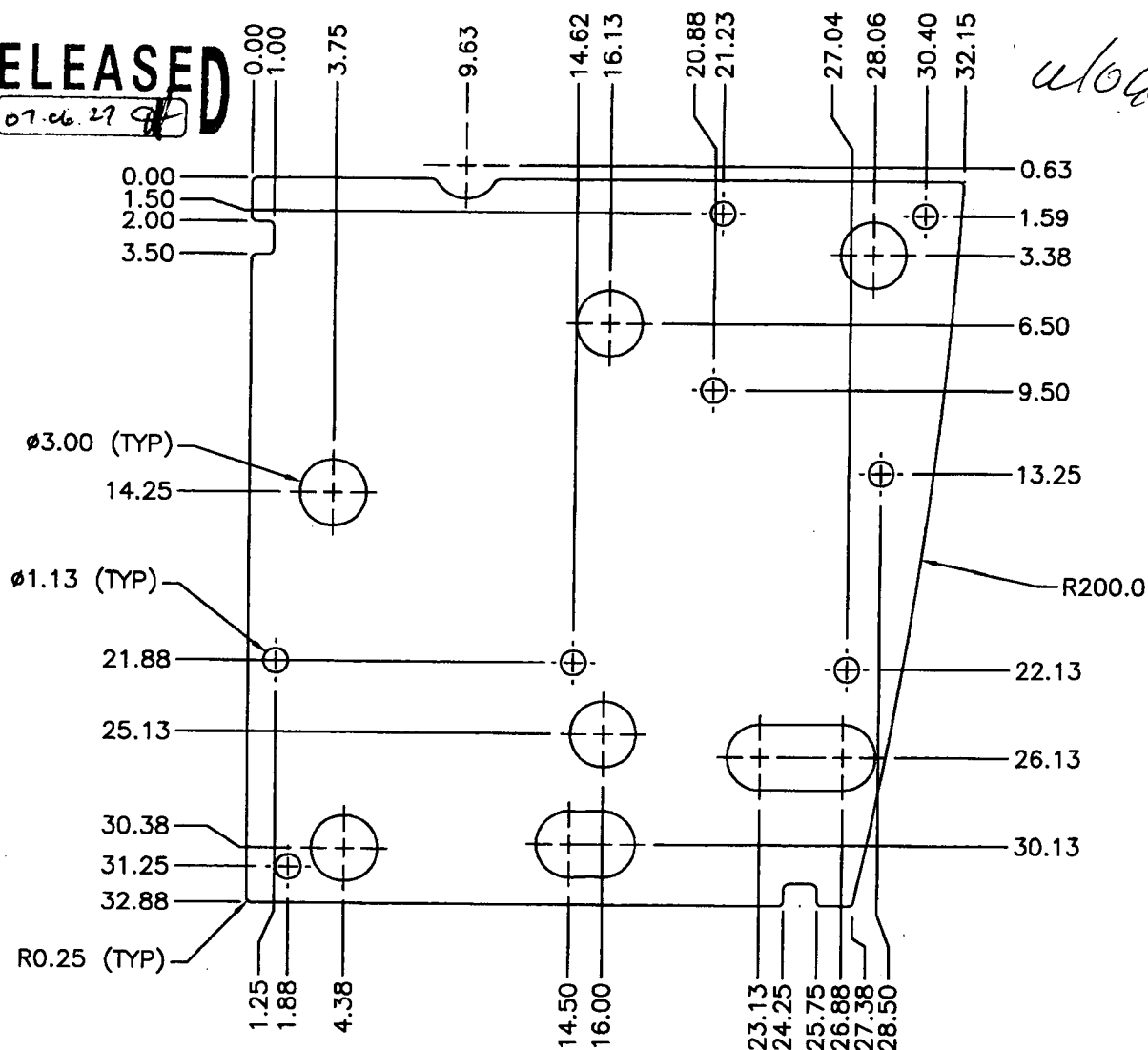
Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

**DART**

|                      |                                |   |                        |
|----------------------|--------------------------------|---|------------------------|
| DESIGN<br><i>LE</i>  | DRAWN BY<br><i>CB</i>          | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED<br><i>LE</i> | APPROVED<br><i>[Signature]</i> | DRAWING NO.<br>D3575                              | REV. A<br>SHEET 3 OF 4 |
| DATE<br>07.06.08     |                                | TITLE<br>CABIN FLOOR PROTECTOR                    | SCALE<br>1:8           |

**RELEASED**  
07.06.27**D3575-4 CABIN FLOOR PROTECTOR****NOTES:**

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK, TEXTURED SIDE UP (REF DART SPEC MLEXS.125-F60029-04)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) IDENTIFY WITH DART P/N "D3575-4" USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE OF PART
- 5) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED
- 6) BREAK ALL SHARP EDGES 0.005 TO 0.010 MAX
- 7) CHECK PER TEMPLATE DT8968

**Copyright © 2007 by DART AEROSPACE LTD**

THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.

**Dart Aerospace Ltd**

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

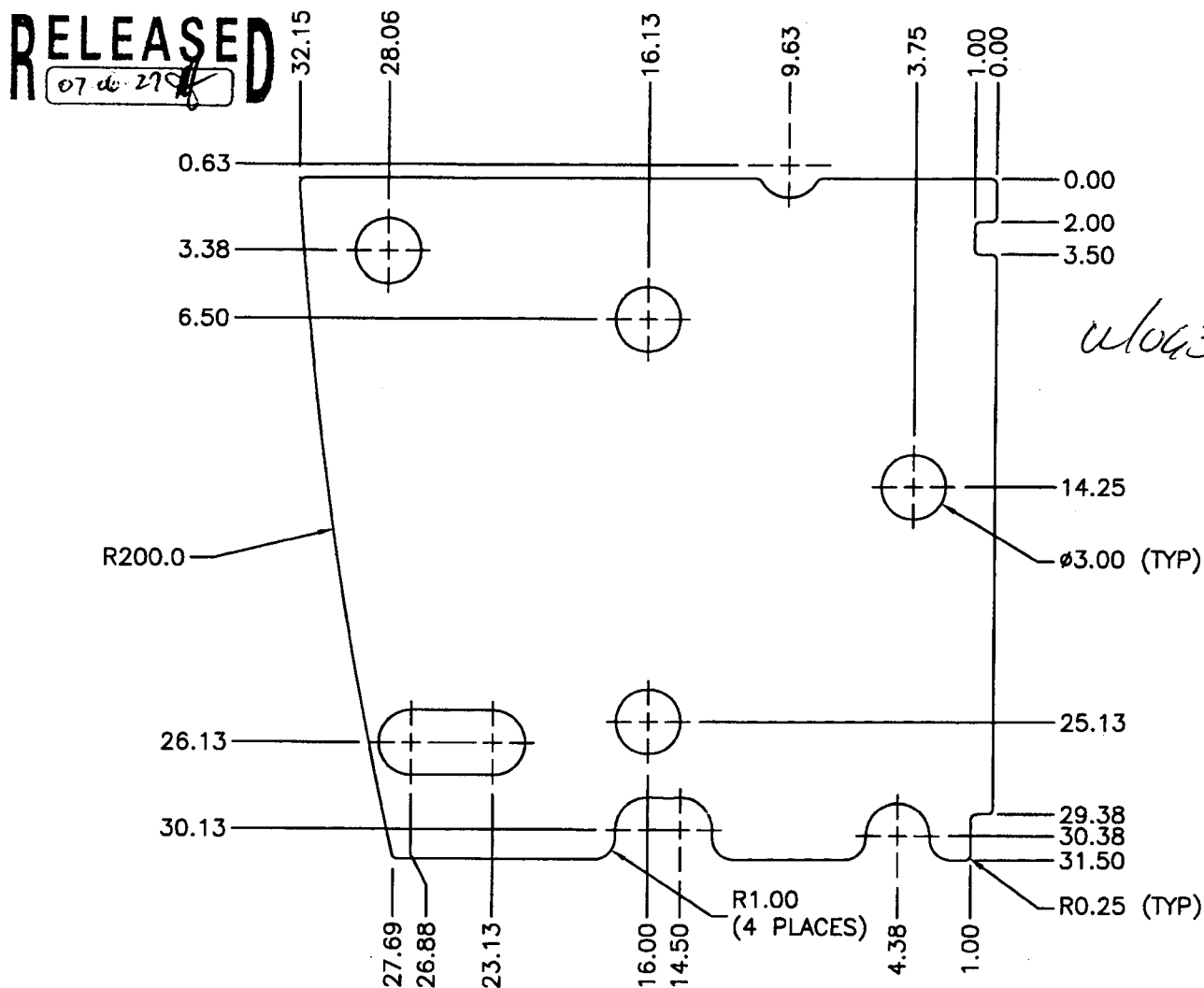
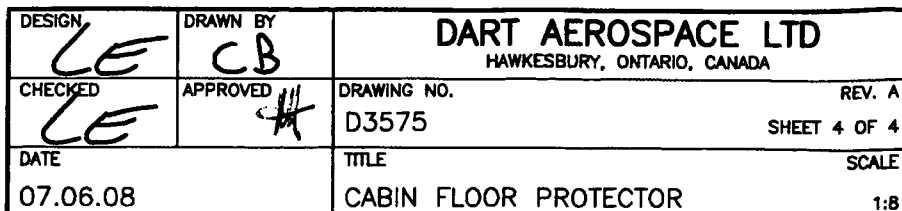
Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries





NOTES:

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK,  
TEXTURED SIDE UP (REF DART SPEC MLEXS.125-F60029-04)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) IDENTIFY WITH DART P/N "D3575-5/-6" USING FINE POINT PERMANENT INK MARKER  
ON SMOOTH SIDE OF PART
- 5) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED
- 6) BREAK ALL SHARP EDGES 0.005 TO 0.010 MAX
- 7) CHECK PER TEMPLATE DT8969

**Copyright © 2007 by DART AEROSPACE LTD**

THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries